

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 191831

(7)

1. Corporation Name

TRUMAN SIMS, INC.



Principal Place of Business

55 ROGERS ST
304
CLEARWATER FL 34616
US

Mailing Address

1160 COURT ST
CLEARWATER FL 34616-5705

3. Date Incorporated or Qualified

03/23/1956

3a. Date of Last Report

02/13/1995

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

24. Zip

Country

2a. Mailing Address

26. 55 Rogers St

27. Suite, Apt. #, etc.

304

28. City & State

Clearwater FL

29. Zip

34616

Country

30. US

4. FEI Number

59-0769039

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SIMS, TRUMAN
55 ROGERS, ST 304
CLEARWATER, FL
33516

10. Name and Address of New Registered Agent

81. Name

Joy Sims

82. Street Address (P.O. Box Number is Not Acceptable)

55 Rogers St #304

83.

84. City

Clearwater

FL

85. Zip Code

34616

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

E. Joy Sims, PTD

2/19/96

(Signature of person providing notice of the proposed agent and block if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

11. TITLE
12. NAME
13. STREET ADDRESS
14. CITY - ST - ZIP
15. TITLE
16. NAME
17. STREET ADDRESS
18. CITY - ST - ZIP
19. TITLE
20. NAME
21. STREET ADDRESS
22. CITY - ST - ZIP
23. TITLE
24. NAME
25. STREET ADDRESS
26. CITY - ST - ZIP
27. TITLE
28. NAME
29. STREET ADDRESS
30. CITY - ST - ZIP

VSD
SIMS, E JOY
55 ROGERS, ST
CLEARWATER, FL 00000
PTD
SIMS, TRUMAN
55 ROGERS, ST
CLEARWATER, FL 00000

☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE
2. 1. NAME
3. 1. STREET ADDRESS
4. 1. CITY - ST - ZIP
5. 1. TITLE
6. 1. NAME
7. 1. STREET ADDRESS
8. 1. CITY - ST - ZIP
9. 1. TITLE
10. 1. NAME
11. 1. STREET ADDRESS
12. 1. CITY - ST - ZIP
13. 1. TITLE
14. 1. NAME
15. 1. STREET ADDRESS
16. 1. CITY - ST - ZIP
17. 1. TITLE
18. 1. NAME
19. 1. STREET ADDRESS
20. 1. CITY - ST - ZIP
21. 1. TITLE
22. 1. NAME
23. 1. STREET ADDRESS
24. 1. CITY - ST - ZIP
25. 1. TITLE
26. 1. NAME
27. 1. STREET ADDRESS
28. 1. CITY - ST - ZIP
29. 1. TITLE
30. 1. NAME
31. 1. STREET ADDRESS
32. 1. CITY - ST - ZIP

PTD

☐ Change

☒ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: E. Joy Sims

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E. Joy Sims

2/19/96

DATE

813 446 0856

DAYTIME PHONE #

CR2E034 (12/95)